FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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(4)

CHILDR	EN'S UROLOGY GROUP (` '							
Principal Place of Business Mailing Address 2727 W DR M.L. KING JR BLVD 2727 W DR M.L. KING BLV						i neddi sib li di h ii	D(611 8(811 8	HARL TRUT	
Ste 200 Tampa Fl 336	STE 200 STE 200 Tampa FL 33607 Tampa FL 33607								
US TE SS	····	US			3. Date Incorporated or Qualified	eport			
					07/01/1990	05/24			
2. Principal	Place of Business	2a. Mailing Address			4. FÉI Number			plied For	
21		26			59-3011533	59-3011533 Not Applicable			
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
22 City & Sta	ata	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			6. Election Campaign Financing Trust Fund Contribution		Added t		
Zip	Country	Zip	Cour	ntry	8. This corporation has liability fo				
24	25	29	30		Florida Statutes	Yes 🗌	No		
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New F	legistered Ag	ent		
	SMAN, E MICHAEL MD		l	81 Name					
	7 W DR M.L. KING BLVD		ļ	82 Street Add	ress (P.O. Box Number is Not Accepta	able)			
	200 404 Et 00007		+	83					
TAN	APA FL 33607		Į		·				
			Ī	84 City		FL	85 Zip (Code	
11 Purcuso	to the provisions of Sections 607.0	0502 and 607 1508. Florida Statut	toe the et	Your named con	noration submits this statement for the	nurnose of c	hanoina it	s registered	
agent I SIGNATURE	Stgreakire, typed or printed name of registered	agent and titled applicable (NOT		utes. Agent algnature requi	poration submits this statement for the tion's board of directors. I hereby accurate when reinstaling) ADDITIONS/CHANGES TO OFF	DATE			
TITLE	OFFICERS AND DIRECTORS SV DELETE		1.1 [[]	1.6	ADDITIONS/CHANGES TO OFF		Change	Addition	
NAME	HOOVER, DENNIS L. M.D.		1.2 NA	1		_	onlange	7.00111077	
STREET ADDRESS	AMAN MUDD ALL MINO IN BU	VD STE 200		REET ADDRESS					
CITY-S1-ZIP	TAMPA FL			Y-ST-21P					
TITLE	DPT	DELETE	2.1 717				Change	Addition	
NAME	REISMAN, E. MICHAEL M	***		ME					
STREET ADDRESS		ATAT W DO ALL WING ID DINO OTE OOG							
C(TY-ST-Z(P	TAMPA FL		2.4 CI	TY-ST-ZIP		····			
TITLE		DELETE	3.1 T/T	J			Change	Addition	
NAME			3.2 NA	!					
STREET ADDRESS				reet address					
CHY-ST-ZIP		DELETE		TY-ST-21P			T Change	Addition	
TITLE	Į.	OELETE	4.1 TiT	1		L.	Change	Addition	
NAME CLOSEL ADERECO			4.2 N						
STREET ADDRESS	·		1	REET ADDRESS					
CHY-ST-ZIP TITLE		DELETE	5.1 Til	TY-ST-ZIP			Change	Addition	
NAME	Ì	torred to make the	5.2 NA			•			
STREET ADDRESS	5			REET ADDRESS					
CITY-ST-ZIP			1	TY+\$T-ZIP					
THE		DÉLETE	6.1 Tr				Change	Addition	
NAME			6.2 NA	ME					
STREET ADDRESS	s l		6.3 ST	REET ADDRESS					

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tam an officer or director of the dorporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3/ff changed, or on an address.

SIGNATURE:

CHAPTER AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.97

813/874-7500

FILED

May 14 1997 8:00am

Secretary of State